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Date 02-11-2005

Inder the Parenvork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control of							
Effective on 12/08/2004.				Complete if Known			
Fees purpoint to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		09/418,647	
「『『『FEE TRANSMITTAL				Filing Date		10-15-1999	
For FY 2005				First Named Inventor		Trevor K. Bylsma et al.	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name F		Fox, Jamal A.	
						2664	
TOTAL AMOUNT O	OF PAYMENT (\$)	1,860.00	)	Attorney Docke	t No.	1400.4100202	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 05-1566 Deposit Account Name: Ross D. Snyder & Assoc., Inc.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
1. BASIC FILING	, SEARCH, AND I FILING I			RCH FEES	EXAN	MINATION FEE	ES .
Application Typ	S	mall Entity	Fee (\$	Small Entity	Fee	Small Entit (\$) Fee (\$)	Y Fees Paid (\$)
Utility	300	<u>Fee (\$)</u> 150	500	250	200		
Design	200	100	100	50	130		
Plant	200	100	300	150	160		
Reissue	300	150	500	250	600		
Provisional	200	100	0	0	(	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description Each claim over 20 (including Reissues)  Fee (\$) Fee (\$)  50 25							25
Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  200 100							100
Multiple dependent claims						360	180
Total Claims	Extra Clair			Paid (\$)			e Dependent Claims  i) Fee Paid (\$)
	or HP = <u>1</u> er of total claims paid fo	× <u>50.00</u> or. if greater than 20.		50.00		<u>Fee (\$</u>	n ree Paid (\$)
Indep. Claims	Extra Clair	-		Paid (\$)			
- 3 or HP =x =							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Signature	1000	D. hr.		Registration No.	37,730	Tele	phone (512) 347-9223

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Ross D. Snyder